

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	COMPRESSION OF LOGS OF LANGUAGE DATA
Attorney Docket Number::	M61.12-0602
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Petition Type::	

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Scott
Family Name::	Meredith
Name Suffix::	
City of Residence::	Redmond
State or Province of Residence::	WA
Country of Residence::	US
Street of Mailing address::	12320 181st Court NE
City of Mailing address::	Redmond
State of Province of mailing address::	WA
Country of mailing address::	
Postal or Zip Code::	98052

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Ireland  
Given Name:: Peter  
Family Name:: Leonard  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing address:: 5615 Kensington Place North  
City of Mailing address:: Seattle  
State of Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code:: 98103

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Hsiao-Wuen  
Family Name:: Hon  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing address:: 17797 SE 58<sup>th</sup> Place  
City of Mailing address:: Bellevue  
State of Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code:: 98006

**Correspondence Information**

Name:: Christopher R. Christenson  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55402-3319  
Phone number:: 612/334-3222  
Fax number:: 612/334-3212  
E-Mail address:: cchristenson@wck.com

**Representative Information**

Representative Customer Number::	27366
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

### **Assignee Information**

Assignee name:: Microsoft Corporation  
Street of mailing address:: One Microsoft Way  
City of mailing address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98052